JOURNAL OF THE CHEMISTS & DRUGGISTS ASSOCIATION MADRAS.

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MADRAS

Editor:

SHRI. R. GANESAN

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Vol. I OCTOBER 1961 No. 1

Ourselves

The Madras Chemists and Druggists' Association is one of the premier Trade Organisations in the State. It was established in the year 1926. Consistent with its objectives the Association has been, during the past three and a half decades, rendering unstinted service for the promotion of the Drug Trade and Industry and for the protection of the rights and interests of those engaged in the same.

The Association celebrated its Silver Jubilee, in the year 1951, in a fitting manner and a beautiful Souvenir was also published at the time. Further, several provincial and Zonal Conferences of Chemists were sponsored and conducted by the Association under its auspices, the last of its kind being the "Southern Zonal Conference of Chemists and Druggists" held in Madras in October 1959. Shri. M. A. Manickavelu, Health Minister, Madras, inaugurated this conference.

In the course of his message sent to the Zonal Conference, Dr. P. V. Cherian, Chairman, Legislative Council, Madras said, "From my own personal experience, I can safely say that *we have a very efficient Chemists and Druggists Organisation*". A Conference Souvenir was also published and it was so well received and commended by all. The usefulness and popularity of this Association will also be evident from the fact that besides almost all established Chemists and Druggists in Madras State, Chemists from the States of Andhra Pradesh, Kerala and Mysore are also members of this Association.

One of the important functions of the Association is the collection and dissemination of information relating to legislative and other measures and statistical and other data pertaining to the Drug Trade. This was being done all along by the publication of monthly and special Bulletins and Circulars. However, the days of "Polypharmacy" and Pharmaceutical preparations consisting mostly of mixtures of a few drugs of plant origin and chemicals, are already gone. Today, the Pharmaceutical Industry has advanced tremendously, and most of the drugs now commonly used are syntheticals and products evolved out of long and costly research by Pharmacologists, Bio-Chemists, Bacteriologists and Scientists. The number and varieties of these modern pharmaceutical preparations are also countless. The single drug therapy and mixing of very highly potent patent preparations have become the order of the day. In view therefore of the tremendous increase in the number of similar preparations for the same ailment, it has become absolutely essential for the Pharmacist and Trader to have a thorough and up-to-date knowledge of all details of these rapid changes then and there.

With a view therefore to cope up with the increasing work and also to make available to members not only the latest news about medicines but also the views of eminent scientists and medical men from time to time, it was decided by the Association to publish a monthly journal which would serve the purpose more fully and more effectively than a Bulletin.

As a matter of fact, when actually the idea of publishing a monthly journal was first mooted it met with all round approval and support. Not only our members, but all our friends and well-wishers persuaded us to go a-head; and we are here to do our mite to serve the best interests of the Drug Trade and also to promote the health and well-being of the people at large. We are quite confident that our endeavours in this direction will be fully appreciated by Government too. Our appearance synchronises with the commencement of the Third Plan Period. During this period, large plans for making the country self-sufficient in Drugs and medicines are expected to be in full operation. It will be our constant endeavour to assist all efforts both in the public and private sectors to expand indigenous production of all essential drugs and ensure the economic prosperity of our country.

MESSAGES

Shri K. Kamaraj, Chief Minister, Madras.

The Indian Pharmaceutical Industry has developed remarkably in the last few years To-day, there are many Indian Companies whose products compare favourably with the best foreign drugs and medicines. The Chemists & Druggists' Association can claim a measure of credit for this happy position. I am glad that they intend publishing a monthly devoted. to the further promotion of the drug trade and industry. It is bound to be well received in medical circles. I wish the journal all success.

Shri C. Subramaniam, Minister for Finance, Madras.

The drug trade and industry have registered spectacular development in India during the last decade. Numerous Indian Pharmaceutical concerns compete effectively with long-standing foreign companies by manufacturing products of matching merit. The extent and scope of the industry in the South has enlarged considerably. There has arisen now a definite need for a journal that would give reference data to the trade and keep it abreast of the latest developments in medicine. The decision of the Chemists & Druggists' Association to bring out a monthly journal that would fulfil this need is laudable. Both the medical profession and the public would welcome it. The journal has a bright future. I send my best wishes for the success of this excellent venture.

Shri M. Bhaktavatsalam, Home Minister, Madras.

I offer to the Chemists & Druggists' Association my warmest felicitations and best wishes.

Shri M. A. Manickavelu, Minister for Revenue & Health, Madras.

I am glad to note that a monthly Journal devoted to the development and progress of the Drug Trade and Industry will be started. I think it is a good thing that the Drugs Trade and Industry is organised and a high standard is maintained and also a reasonable fixity of prices. The dissemination of useful information about modern drugs and medicines will also be useful to the public. I wish your venture success.

Shri R. Venkataraman, Minister for Industries and Labour, Madras.

I congratulate the Chemists & Druggists' Association, Madras, on their proposal to publish a monthly journal devoted to the cause of the Drug Trade and Industry. I am sure the journal will be welcomed both by the general public and by those engaged in the trade and will fulfil a useful role in this region. I wish your endeavours all success.

Dr. P. V. Cherian, Chairman, Madras Legislative Council, Madras.

I am glad to hear that the Chemists & Druggists' Association, Madras is bringing out a journal devoted to the development and progress of the Drug Trade and Industry. This is a worthy venture and will be useful not only to the trade and industry but also to the general public. I wish it every success.

Shri A. K. Sen, Law Minister, India, New Delhi.

I am glad to learn that the Chemists & Druggists' Association is going to bring out a monthly journal for the cause of development and progress of the drug trade and industry. I wish the venture every success.

Shri J. K. Das, M.A., B.L., Ex-President, All-India Federation of Chemists & Druggists, Calcutta-1.

It really gives me great pleasure to know that the Madras Chemists & Druggists' Association has decided to publish a monthly journal in the interest of the Drug Trade and Industry.......I have every hope that the Journal of the Madras Association will be a memorable one and act as a liaison between the various interests of the Drug Trade & Industry, Medical Profession and of the public.

I wish all success to this new venture of the Association.

Shri Kumara Rajah, M. A. M. Muthiah Chettiar, B.A., President, The Southern India Chamber of Commerce, Madras.

I am glad to note that the Chemists & Druggists' Association, 1, Memorial Hall Street, Madras-3, proposes to publish a monthly Journal devoted to the development and progress of the Drug Trade and Industry. Drug Trade and Industry has progressed very well in recent times and the Association could not have thought of a better idea than to publish a journal devoted to its cause The Association is sufficiently representative of the trade and I should consider that the journal will be of immense use to the public in general and to the chemist and druggist merchants in particular. I congratulate the President of the Chemists & Druggists' Association for publishing such a useful journal and I wish it a long successful career of its existence.

Shri A. M. M. Murugappa Chettiar, Ex-President, Federation of Indian Chambers of Commerce & Industry, Madras.

I congratulate the Chemists & Druggists' Association, Madras on the initiative they have taken to publish a monthly Journal devoted to the development and progress of the drug trade and industry. This is a long felt want and it is a little surprising that the Association which has been functioning now for over 30 years has not so far thought of bringing out a magazine to serve the interests of the trade which they represent.

The problems which the Chemists & Druggists have to face are partly common with what other Distributors and Merchants in other fields of activity have to face and partly peculiar to their line of business. The freedom with which the trade has operated has come, in recent days, to be increasingly curtailed necessitating frequent contacts with the authorities and representations. The monthly Journal will no doubt serve to spotlight the difficulties that are faced by the Chemists & Druggists and will help to weld their ranks into a solid entity.

I wish the new Journal a very useful career.

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Doctors and Drugs Act

BY

Dr. K. P. SARATHY, M.B., B.S., M.SC.,

Asst. Director of Medical Services (Medical) and Asst. State Drugs Controller, Madras.

This article is being written with a view to bring to the notice of the members of the Medical Profession certain basic facts about the Drugs Act 1940 and the Rules made thereunder and to enlist their co-operation in the successful implementation of the said Act and Rules.

The Drugs Act 1940 and the subsequent amendments and the Rules thereunder are intended to regulate the import, manufacture, distribution and sale of drugs in India. There are 37 sections under the Drugs Act. The Drug Rules contain 128 rules and fourteen Schedules ranging from A to N. Out of these, the Schedules which are of interest to doctors are Schedules C, E, H, L and K.

Schedule 'C' contains the list of biological and special products intended for parenteral administration and consists of sera, vaccines, toxins, antigens, anti-toxins, arsphenamines, insulin, pituitary, extract adrenaline, anti-biotics, sterilized surgical ligatures and sutures, bacteriophages and other common injections.

Schedule 'E' gives a list of drugs which are declared as poisons under the Drugs Act. This contains alkaloidal drugs like atropine, belladonna, lobelia, strychnine etc., narcotic and dangerous drugs like morphine, pethidine, cocaine etc., drugs included under the Poisons Act such as oxides of arsenic and other drugs, which have a low margin of safety.

Schedules 'H' and 'L' contain the list of drugs which are required to be sold by retail only on a prescription given by a registered medical practitioner. Schedule 'H' includes amidopyrine, and its salts, barbiturates, dinitrocresols, sulphonamides, phenyl-cinchoninic acids and their salts sulphonals and alkyl-sulphonals etc. Schedule 'L' consists of all the antibiotics except their preparations which are intended for topical or external use, adrenocorticotrophic hormones, Isonicotinic acids and their derivatives and their salts, Para-aminosalicyclic acid and its salts and preparations. The annexure to this article gives a full list of all the drugs included under Schedule 'H' and 'L' for ready reference. Further, Schedule 'H' drugs are also required to be labelled as "Schedule 'H' drug. Warning—To be sold by retail on the prescription of a Registered Medical Practitioner only" which will be helpful in their identification.

The drugs specified under Schedule 'K' are exempted from the provisions of the Act and rules relating to the manufacture, sale and distribution of drugs to the extent specified under schedule 'K' and subject to the conditions therein.

Manufacturers of drugs are required under the Drugs Act to obtain manufacturing licenses, appoint qualified chemists to manufacture, provide proper equipment for the manufacture and storage of drugs and also maintain records of manufacture and sale of drugs. Similarly, chemists and druggists are required to obtain sales licences for the sale of drugs, provide proper storage accommodation, appoint qualified persons to supervise the sale and dispensing of drugs on prescription and maintain registers for the transactions of Schedule C, E, H and L drugs and other drugs sold on prescriptions in addition to fulfilling several conditions laid down under the Drugs Act and Rules. These regulations

are intended to control the manufacture, sale and distribution of drugs, eliminate the manufacture and sale of spurious, misbranded and sub-standard drugs, protect the public from the dangers of such drugs and also to punish persons responsible for such unsocial activities.

The two sister professions of Pharmacy and Medicine are interdependent and the success of one depends upon the skill and co-operation of the other. Hence it is necessary, even from a selfish point of view, for the members of the medical profession to encourage the growth of the sister profession of Pharmacy in our country on sound lines and it is also the bounden duty of the members of the profession of Pharmacy to respect the views of the Medical profession and discharge their duties with due care and skill.

Registered Medical Practitioners are given the sole privilege of prescribing schedule 'H' and 'L' drugs, restricted spirituous medicinal preparations including brandy and medicated wines and narcotic and dangerous drugs. A prescription for the supply of Schedule 'H' and 'L' drugs is required to comply with the following requirements as per rule 65 (10) of the Drugs rules. (1) It should be in writing and be signed by the person giving it with his usual signature and be dated by him, (2) specify the name and address of the person for whose treatment it is given (3) indicate the total amount of medicine to be supplied and the dose to be taken. Similar provisions are also prescribed under the Prohibition Act and Narcotic and Dangerous Drugs Act. But, many of the prescriptions received by the chemists fail to contain all the details mentioned above. This places the chemists in a delicate and difficult situation. Strictly speaking he should refuse to supply the drugs required on such incomplete prescription. But if he refuses, he loses not only his business but also the good-will of the doctor who is likely to get annoyed at such refusal. If he is found selling schedule H and L drugs on such incomplete prescriptions he is liable to be prosecuted under the Drugs Act by the Drugs Inspectors. So, he is placed between the devil and the deep sea. Further, he will not be able to enter all the required details in the concerned registers that are to be maintained under the Drugs Act for which also he is liable. With incomplete and illegible prescriptions it will be difficult for the chemists to dispense the prescriptions correctly. This may sometimes lead to fatal accidents for which the chemist is also liable to be penalised under the various laws in force. All these can be avoided if the prescriptions are written clearly and legibly giving all the required details.

Another field in which medical men can co-operate with the Drugs Control Department is in the detection of substandard and misbranded drugs including spurious ones. For this purpose, examination should include (1) the carton (2) container and (3) contents. Examination of cartons may reveal spurious imitations of drugs. While examining the container, the batch number, date of manufacture and date of expiry should be noted. This may reveal old and date—expired drugs. Examination of contents may reveal adulteration and gross contamination including bacterial and fungal contamination as is possible in preparations containing syrups and transfusion bottles containing glucose and other nutriments. It may reveal deterioration in potency and increase in toxicity as is evidenced by the changed colour of arsphenamine preparations. Precipitation of the active ingredients as in the case of Calcium Gluconate ampoules may also be noted. Abnormal colour and consistency may indicate spurious imitations. If such defects are noticed, they should immediately be brought to the notice of the Drugs

Inspector of the District or to the Drugs Controller of the State. By doing so, medical men will be doing a great service not only to themselves but also to the public at large in addition to helping the Drugs Control Department in their detection work. In such cases, it is better to preserve the defective drugs and confidentially inform the Drugs Control authorities giving full details regarding the name of the drug, name of the manufacturer, batch number, defects noticed, name and address of the patient to whom it was sold. The cash bill, prescription and defective sample may be sent either to the Drugs Control Authorities along with the complaint or handed over to the concerned Drugs Inspectors when they come for enquiry. Prompt action on the part of medical men will help in the successful investigation and booking of offenders. When such reports are received, the Drugs Inspectors will be able to immediately investigate the matter and prevent further sales of such defective drugs, direct the manufacturer to recall the remaining stocks from the market, prevent all the possible bad consequences and take necessary action against the persons responsible for the manufacture, sale and distribution of such defective drugs.

Finally, I would like to conclude by requesting all the members of the Medical profession to encourage the sister profession of Pharmacy to grow in the right lines by mutual co-operation and help the Drugs Control administration in the proper enforcement of Drugs standard control.

ANNEXURE

Schedule H:

Substances required to be sold by retail only upon a prescription given by a registered medical practitioner:

Amidopyrine: its salts.

Barbituric Acid; its salts; derivatives of barbituric acid; their salts; compounds of barbituric acid, its salts, its derivatives, their salts, with any other substance, provided that compounds, the barbituric acid content of which does not exceed 50 milligrams in a single therapeutic dose shall be exempted.

Dinitrocresols; dinitronaphthols; dinitrophenols; dinitrothymols;

*Para-aminobenzenesulphonamide, its salts, derivatives of para-aminobenzene sulphonamide having any of the hydrogen atoms of the para-aminogroup or the sulphonamide group substituted by another radical, their salts excluding preparation and dressings containing these for external use.

Phenylcinchoninic acid, Salicylcinchoninic acid, their salts, their esters, Sulphonal; alkyl sulphonals.

Schedule L:

Adrenocorticotrophic hormone. Antibiotics; the following; their preparations excluding those intended for topical or external use:—

1. Bacitracin.
2. Chloramphenicol.
3. Chlortetracycline.
4. Erythromycin.
5. Gramicidin.
6. Carbomycin.
7. Neomycin.
8. Oxytetracycline.
9. Penicillin.
10. Streptomycin.
11. Tetracycline.
12. Tyrothricine.
13. Viomycin.

Isonicotinic acid hydrazide and other hydrazine derivatives of Isonicotinic acid; their derivatives; their salts.

Para-aminosalicyclic acid; its salts and their preparations.

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A Survey of Pharmacy Education in Madras State

BY

Sri K. S. SRINIVASA VARADAN, M.A., M.SC., A.R.I.C.,

Professor of Pharmaceutics and Pharmaceutical Chemistry, Madras Medical College, Madras.

It is considered appropriate that the first issue of the journal of the Chemists and Druggist's Association should give an account of the development of the Pharmacy education in the State. This subject is of considerable importance after the enforcement of the Drugs Act, the rules framed thereunder and the Pharmacy Act. For, the enforcement of the former Act has altered the complexion of the retail sale of drugs and imparted the touch of professional service to it by requiring the service of a qualified person to be in charge of it. The latter Act has prescribed the necessary minimum qualification for registration as a pharmacist. Hence, it has become necessary for the Chemists and Druggists to be conversant with the changing patterns of the pharmacy education so that they can appreciate the changes that have taken place in the training imparted to the persons whom they will have to employ.

At present, the pharmacy education is imparted at three different levels in the State namely, the Diploma, the Degree and the Post-graduate. The present Diploma course which has replaced the certificate course and which was inaugurated with 15 students in the year 1955 at the Madras Medical College has gradually expanded in strength and 100 students have been admitted in 1959. Further, to cope with the increasing demand for this category of trained persons both in the private and the public sectors a second centre for training was started at the Mathurai Medical College last year with 100 students, and the strength of which has been increased to 150 from this academic year. Thus, it will be seen that the State has been alive to the problem caused by the enforcement of these Acts which will require an adequate supply of trained pharmacists of registrable qualification and has taken adequate steps to satisfy the demand. It is hoped that the present shortage of these persons will disappear shortly.

To get an idea of the nature of this course both with regard to quality and quantity and the changes that have been introduced, it will not be out of place to give a short account of the certificate course which it has replaced. The certificate course was one of one year in duration and the minimum basic educational qualification was not insisted on till 1939, although the course had been in existence from even before 1900. The training was given in the early days in all Government Headquarters Hospitals and other important hospitals by the Physicians in charge of the hospitals who in turn examined them and gave certificates for proficiency in compounding and the training was known as compounders' training. With a view to enforce uniformity in the standards to be attained by the candidates, who were undergoing training in different Hospitals, the Government entrusted the responsibility of conducting the examination to the Commissioner for Government

Examinations under the Director of Public Instruction who was also empowered to grant certificates to the successful candidates. This change which was introduced in 1914 was later modified in 1939 and the conduct of examination was transferred to the Medical Department and a Board of Examiners with the Head of the Department as the Chairman was constituted and the examination itself was conducted in the General Hospital at Madras in the first instance and later in the Department of Pharmacology, and a non-official in the form of a member of the Indian Pharmaceutical Association was also appointed as one of the examiners. The training which was mainly practical in the early days was changed to include lecture classes both in the theory and practical dispensing, materia medica and first aid. Though the major part of the training was given in the Headquarters Hospitals, the candidates were asked to complete the course by attending the dispensing department at the General Hospital for the last 3 months and the chief Pharmacist was entrusted with conducting the lectures. About 100 candidates were admitted in all and the actual number depended on the demand for such persons and in certain years the training was suspended to avoid unemployment of technically qualified persons. Stipends were also given to certain percentage of candidates on their furnishing an undertaking to serve the Government for a specific period. This course fell considerably short of the minimum training prescribed by the Pharmacy Council of India as will be seen in the succeeding paras and when the State Pharmacy Council was constituted in 1954 with the Educational Regulations framed by the Pharmacy Council of India to take effect as per the Pharmacy Act in 1957, the State promptly discontinued the course in 1956 and the last examination under the old scheme was conducted in August 1957.

Against this background, the present diploma course must be viewed to have an idea of the vast amount of changes that have been brought about. Firstly, the present course is of two years duration coupled with a practical training in dispensing for a period of 750 hours within a minimum period of 3 months undergone after the completion of the course in an approved hospital or retail pharmacy. The admission to the course is restricted to matriculates or those who have passed an equivalent examination with general science as one of the subjects of study. No relaxation from this basic educational qualification is given under any circumstances whatsoever, though there is provision for reducing the duration of the course to one year to candidates who have undergone and passed the Intermediate course.

Nor is it all. The institution which is imparting the training has to be approved by the Pharmacy Council of India. The Institution should have adequate equipment, and the syllabus followed must be along the lines prescribed by that Body. The examinations conducted by the institution and the places where the practical training has to be given have also to be approved by the same Body. The necessary approval is given after the Inspectors of the Pharmacy Council inspect these things and recommend them as up to the standard expected by the Council. The training given at the Madras Medical College and at the Christian College, Vellore, have been approved as well as the examination conducted by the Board of Examiners at the former institution. The training given at Mathurai Medical College has yet to be recognised. The General Hospital, The Stanley Hospital, The Women and Children's Hospital, Egmore and Triplicane & the Headquarters Hospital Mathurai have been approved for purposes of practical training

besides a few private pharmacies like Messrs. Appah & Co., Wilfred Pereira & Co., Spencer & Co. and Seemars & Co. The application for recognition from two pharmacies one at Kumbakonam, and the other at Karur are pending with the Council. There is also provision for periodical inspection by the Inspectors of the Council.

Coming to the curriculum of studies, the first year course is devoted mainly to a study of the basic subjects of Physics, Biology, Chemistry, English and Anatomy, Physiology and Hygiene, the last three subjects being grouped together. There is an examination at the end of the first year course in all these subjects both in theory and practical. In addition, regular class tests are conducted periodically and credit is given to class record both in theory and practical up to a certain percentage. The candidates have to secure 40% in each subject and 45% in the aggregate to secure a pass. Further, candidates passing in at least three subjects are allowed to appear in the subjects they have failed and the rest will have to appear in all the subjects. Candidates are allowed three chances to appear failing which they will have to appear in all the subjects over again. Failure in the first year subjects is not a bar to proceed to the second year but one has to finish the first year examinations and pass them before one is permitted to sit for the second year examinations.

The professional subjects of General Pharmacy, Pharmaceutical Chemistry, Forensic Pharmacy, Dispensing Pharmacy and Pharmacology are taught in the second year. Elements of keeping of Accounts and ethics of Pharmacy are also paid attention to and every attempt is made to turn out a professional pharmacist with a good grasp of the problems of retail trade as well. As in the first year, examinations are held at the end of the second year in all the subjects both in theory and practice and similar provisions exist with regard to class record and the criteria for passing.

Thus, it will be seen that the present diploma course is entirely different from the old certificate course and the candidates have to put in considerable effort before they can qualify for the Diploma. The examinations are held twice a year at all the centres. To provide an incentive, the Government is giving stipends to the tune of Rs. 20 per month to all the candidates who so desire, and in addition no tuition charges are levied from the stipendiary candidates. Further, the Government is also deputing service candidates who are pharmacists and who possess the basic educational qualification to undergo the course.

The candidates trained aforesaid are mostly absorbed in the hospitals at present. A few have taken to retail pharmacy of their own. Some have sought service under private employers in retail pharmacy. In course of time the number of people who will be seeking service in the private sector will increase and this is, as it should be. It is hoped that the Chemists and Druggists who will be their future employers will appreciate the strenuous nature of the course they have undergone, the responsibilities they can be called upon to bear, the professional service that can be expected of them and last but not least the primary need to adequately remunerate their service.

(To be continued).

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BRANCHES AT

VIJAYAWADA, HYDERABAD, ERNAKULAM AND CUTTACK.

Control of Tuberculosis in Madras State

BY

Dr. V. K. VISWANATHAN, M.B., B.S.,

Civil Assistant Surgeon, Government General Hospital, Madras.

Of late, the study of tuberculosis as a major public health problem is universally gaining importance with particular reference to its control. Vast strides have been made in the field of medicine, and with the latest drugs now available, tuberculosis has shown a considerable fall in mortality and morbidity. However, attention has still to be focussed in the control aspect of tuberculosis, as there is still many a stone unturned in our country, in striking contrast with the fast-developing countries in the West. With the advent of chemotherapy and effective anti-tuberculous treatment, the outlook for those suffering from tuberculosis has considerably brightened up as revealed from prognostic reports of institutions maintained for the treatment of tuberculosis all over the country.

One of the main objectives of tuberculosis control is to find the infectious tuberculous cases and render them non-infectious. So, early diagnosis for case-finding is of paramount importance in the campaign against tuberculosis. The role of a chest clinic together with its important functions like diagnosis and treatment of tuberculosis finds a valuable place in the control of tuberculosis.

Mass Miniature Radiography (M.M.R.)

The object of this procedure apart from obtaining epidemiological surveys, aims at early detection and diagnosis of cases of pulmonary tuberculosis in sections of populations like school children, teachers, factory workers, medical students and nurses, police and service personnel etc. Apart from its cheapness and ease of application, early cases of tuberculous infection hitherto asymptomatic, are brought within the purview of early and effective treatment. The nucleus of potential infection which may otherwise disseminate is brought to light early and suitable measures may be further instituted to treat the case so diagnosed and isolate him from the healthier sections of people. The value of X-rays in the diagnosis of susceptible population and preferably those with respiratory symptoms and vague illness need not be stressed.

B. C. G. Vaccination

B. C. G. is a potent weapon in the campaign against tuberculosis, and is an important preventive or prophylactic measure for the control of tuberculosis. B. C. G. may be used as supplemental to established methods of tuberculosis control like raising the resistance of community, case-finding methods like mass-miniature radiography and contact-finding, opening of chest-clinics and sanatoria for the rehabilitation of tuberculous patients.

The ability of B. C. G. vaccination to increase the immunity of the uninfected members of a community is well recognised. In areas with a high prevalence of infection, it can be used on a mass scale for selected age-groups and where the prevalence is low it is valuable for the protection of those who are living and working at risk. The incidence of primary infection is high in children; so young children should be systematically vaccinated. Preferably the mass-miniature-radiography unit and the tuberculin-testing unit should combine to form an epidemiological team.

Bovine Tuberculosis

The source of infection of bovine tuberculosis is from dairy herds and in countries where pasteurization of milk is done, the disease through bovine sources is uncommon. Eradication of tuberculosis from diseased cattle and ensuring a pure milk supply will help to overcome bovine infection.

Chemo-Therapy

The highly effective anti-tubercular drugs play an important part in prophylaxis as well as in therapy, and this constitutes one of the most important health measures in the control of tuberculosis. By preventing non-infectious disease from becoming infectious, and by rendering infectious cases of tuberculosis non-infectious, the anti-tubercular drugs considerably reduce the public health problem. Whether the patient suffering from tuberculosis is to be treated in the hospital (sanatorium) or on a domiciliary or ambulatory basis depends largely on local conditions.

Domiciliary or Ambulatory Treatment

With the advent of effective anti-tubercular drugs and difficulty in hospital accommodation in recent years, the domiciliary treatment of pulmonary tuberculosis has been introduced. This meant extension of sanatorium regime into the household of the patient, the public health nurses, health visitors and social workers forming a liaison between the physician and the patient. In the economically less developed countries, this mode of treatment has proved to be of great value producing gratifying results. Inexpensive hostels or care-homes will have to be provided for some of the patients who do not respond to modern treatment and who remain infectious. For chemo-therapy to be successful, it must be in adequate doses and carried out continuously for long periods. Drugs which have to be self-administered require supervision by specially trained home visitors who may also have to impart intensive health education to ensure the fullest co-operation of patients and their families. In the domiciliary treatment of cases, patients have to be advised during treatment, to minimise infection to others. The careful examination of contacts and their relative assessment as well as their immunisation with B. C. G. if necessary, constitutes an essential basis in the control of tuberculosis. Mass B. C. G. campaign aims primarily at the protection of the susceptible age groups of the population.

It is widely recognised that a tuberculosis control programme should be carefully planned and implemented as the necessary staff and equipment become available. The success of a control programme will, to a very large extent, depend on the ready co-operation of the members of the public among whom the control measures are to operate. Health education and mass propaganda of the public plays a decisive role as it promotes a high level of 'health consciousness' and thus ensures a high degree of co-operation by the population in recommended control measures.

In most countries, especially in the higher age groups, males are found to be more frequently diseased than females. Subjects who are found to be infectious or potentially infectious should immediately commence treatment and their contacts should be fully investigated.

The mortality figures in Madras State present an alarmingly high rate in the proportion of 250-300 per 100,000 of population. The prime cause of such a high mortality may well be attributed to the socio-economic backwardness of our country and this fact will have to be borne in mind with particular reference to the control campaign against tuberculosis. Improvement in the general, social and

economic conditions, development of well-planned towns and cities eliminating congestion and ill-ventilation, improvement in the conditions of work in industries and other occupations, provision of welfare officers in factories, periodical medical examination of all workers exposed to infections of a respiratory nature, provision of hospital facilities and popularisation of chest clinics, provision of aftercare treatment and rehabilitation of cases already treated, all assume a high degree of importance in the campaign against tuberculosis. Patients who are acutely ill, those with tension pneumothorax, large pleural effusion or haemoptysis and extra-pulmonary disease like tuberculous infection of the meninges, bones and joints, and those requiring surgical treatment will need imperatively hospital care. It is here that domiciliary or ambulatory treatment will not be of any avail.

The general improvement in the standards of living, the condition of the homes, segregation and isolation of infectious cases, follow-up of contacts by home-visitors and advising them suitably, adequate and prolonged chemo-therapy and rehabilitation are of paramount importance in the control of tuberculosis.

Social Assistance and Rehabilitation

Some form of a social assistance or financial security for those suffering from tuberculosis or their families wherever indicated is essential. Special aids are necessary for the aged and the indigent. If patients happen to be 'bread-winners' in a family, financial support has to be offered and in this regard the role of voluntary agencies and philanthropic bodies is worthy of consideration towards relief of human suffering.

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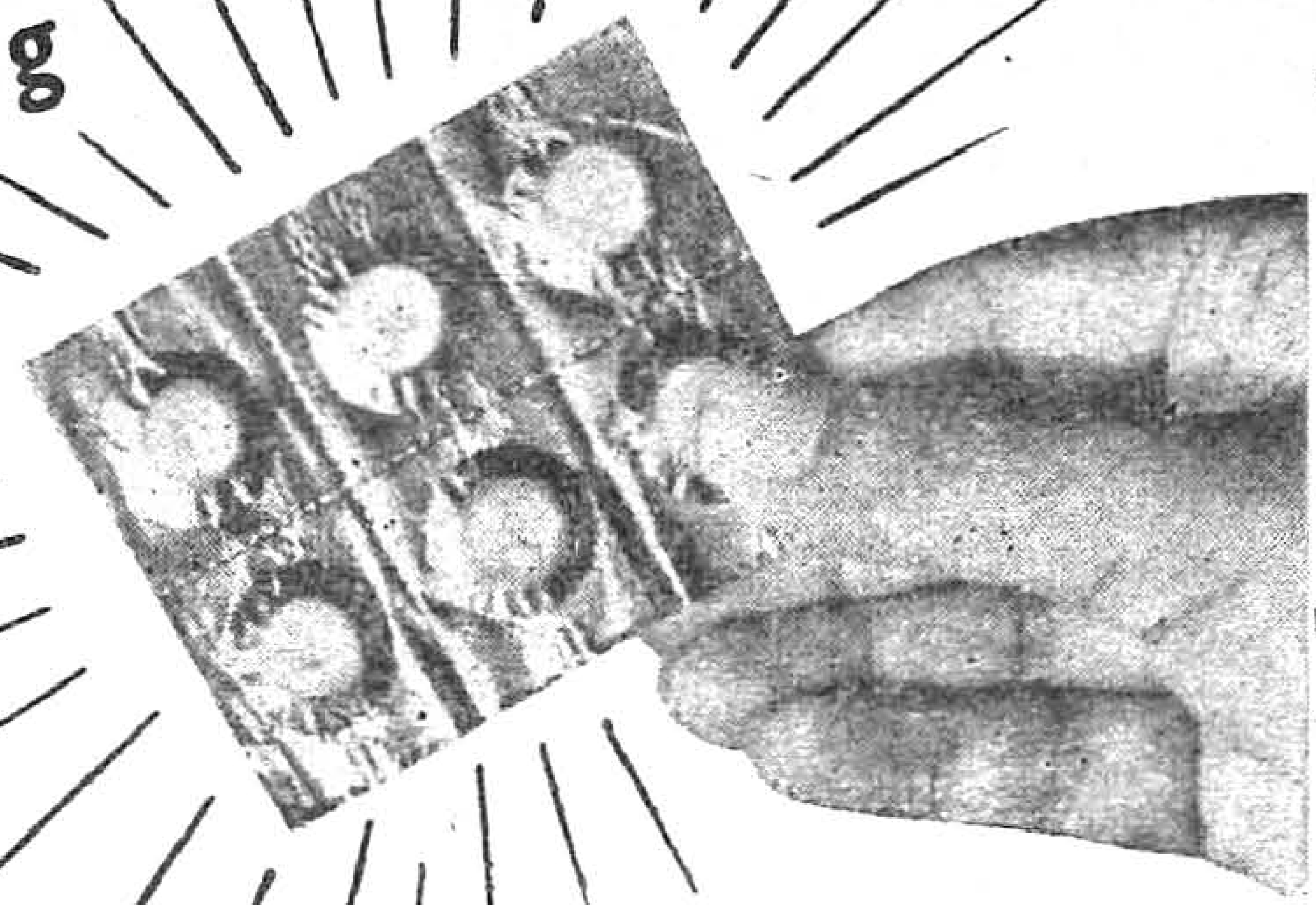

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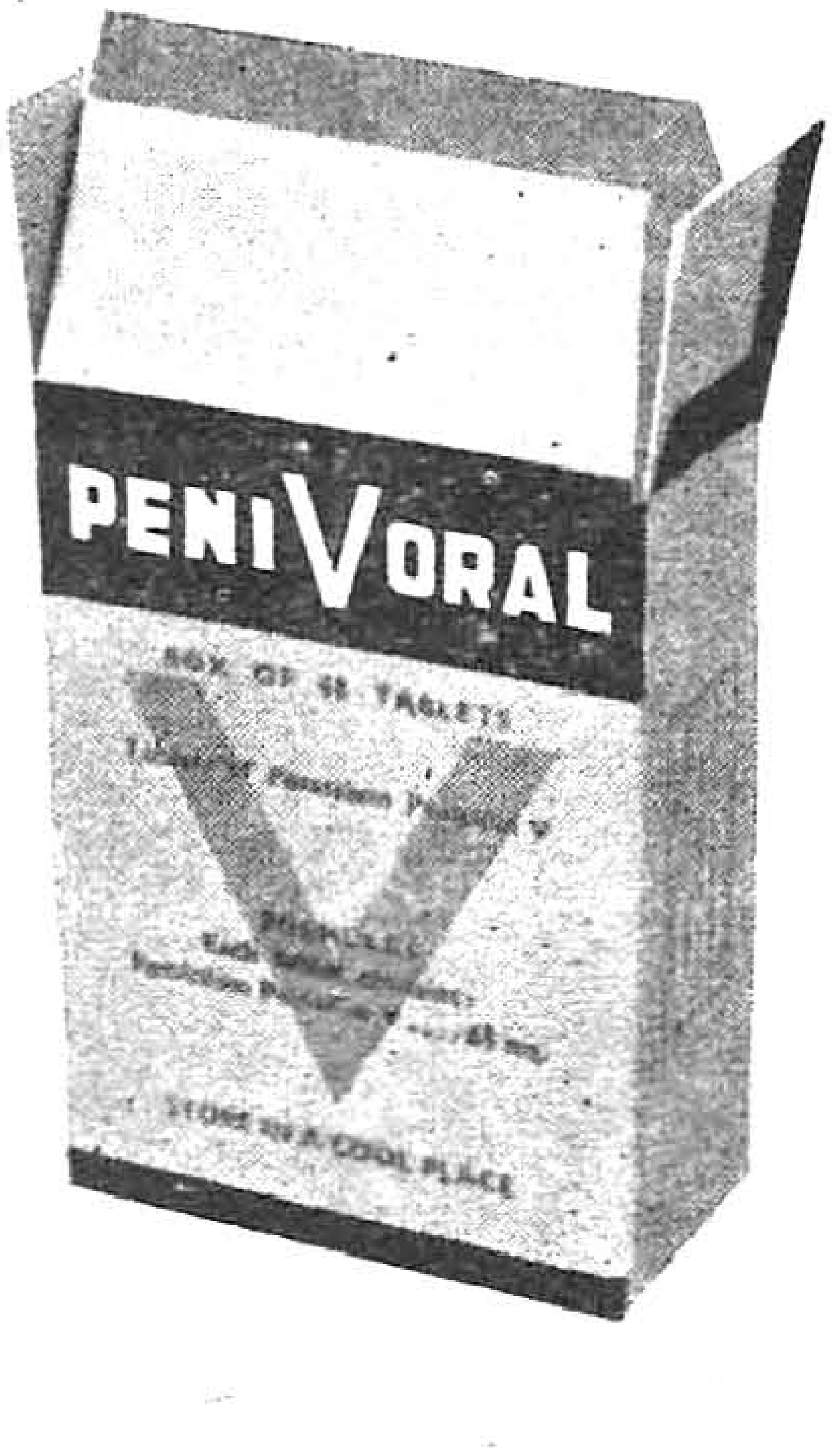

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Drugs Requiring Storage at Low Temperature

BY

C. V. NARASIMHAN, B.SC. (CHEMISTRY), B.SC. (PHARMACY),

Drugs Inspector, Madras City.

In this article, it is proposed to say something in general about the reasons as to why certain drugs are required to be stored at low temperature. A consolidated list of drugs requiring storage in a refrigerator at as low a temperature as possible above 0·C° is appended.

Condition (3) of form 21 licence and condition (2) of forms 21A and 21B licences specifically provide that "no drugs specified in those licences shall be sold or stocked or exhibited for sale unless such precautions as are published by the licensing authority from time to time in the Gazette have been observed throughout the period during which it has been in the possession of the licensee". Such conditions were published as early as 1949. Inspite of all that, still some chemists do not store the drugs requiring cold storage, in the Refrigerator or other cold storage units provided for the purpose. Where there is a Refrigerator, they do not care to operate it properly so as to maintain the required low temperature either out of ignorance or out of a false sense of economy. The annexure provided at the end of this article, I hope, will guide those who are really ignorant but for those who are indifferent or endowed with a false sense of economy, I would like to say that they are doing an injustice to the consumer.

Many drugs are affected by heat to a greater or lesser degree depending upon their inherent nature but their stability may be increased to a certain extent by storing them at as low a temperature as possible. The various reasons for storing drugs at a low temperature are as follows :—

1. Storage in a cool place may prevent volatilisation from compounds which are either volatile or yield volatile substance *i.e.* as in the case of volatile oils, ammonia solutions, amyl nitrite, camphor, ether, etc.

2. Storage in a cool place will reduce atmospheric oxidation which is accelerated by heat and light as in the case of liquid extract of ergot, paraldehyde, solution of adrenaline hydrochloride, solution of calciferol and volatile oils.

3. Storage at low temperature will also prevent the formation of toxic compounds as in the case of neo-arsphenamine and sulpharsphenamine which readily undergo atmospheric oxidation with formation of toxic arsenical compounds when exposed to higher temperatures.

4. Physical and chemical changes like Oxidation, reduction, decomposition and hydrolysis which are usually accompanied by changes in colour and composition of the products in question may also be minimised or prevented by storing such drugs in a cool place. Examples of this type of changes are provided by (a) the change of the colour of Chloramine to yellow due to

loss of chlorine, (b) darkening of phenol to a pink colour, (c) darkening of adrenaline hydrochloride solutions, (d) decomposition of hydrogen peroxide to water and oxygen, (e) Hydrolysis of ethylnitrite in the spirit of nitrous ether, and (f) decomposition of the hypochlorite in surgical solution of chlorinated soda.

5. The period of stability of biological products like anti-toxins, anti-serums, insulin, pituitary etc. are relatively short when stored under ordinary temperature. The deterioration in strength of these preparations can be minimised by storing them at as low a temperature as possible above 0·C° and preferably below 5·C°. The official pharmacopoeias have prescribed two types of storage for drugs requiring storage at low temperatures. One is storing in a cool place and the other is storing at as low a temperature as possible above 0·C° and not exceeding 20·C°.

Now, let us see what these exactly indicate and how best it can be achieved. The dispensatorium of thc United States of America states that a cool place shall be a place having a temperature not exceeding 15·C° (59·F°) and that when storage in a Refrigerator is specified, a temperature between 20·C° and 15·C° (36·F°-59·F°) is indicated. So, it is clear from the above, that whenever storage in a eool place or storage at a low temperature is indicated the highest limit that is allowed is 15·C° or at the most 20·C°. Unfortunately, the lowest temperature that is generally reached in Madras State, except hill stations like Kodaikanal and Ooty, is well above 25·C°. Then, how are we to provide for the proper storage of drugs requiring storage at low temperatures? In our State, the drugs that are required to be stored at a low temperature should be stored in a Refrigerator. The drugs that are required to be stored in a cool place should be stored in an air-conditioned room where the temperature can be maintained below 20·C°. This is the only ideal way. Other methods of-storage such as storing in ice boxes or underground vaults are only apologies for real cold storage units.

ANNEXURE

Drugs to be stored at as low a temperature as possible below a temperature of 20·C° in a Refrigerator.

Diphtheria antitoxin.

Gas gangrene antitoxin (Septicum).

Gas gangrene antitoxin (Oedematiens).

Mixed gas gangrene antitoxin.

Tetanus antitoxin.

Gas gangrene antitoxin (Perfringens).

Concentrated Human R.B.C.'s. I.P., B.P., B.P.C.

Dinercaprol I.P.

Dried Human Plasma I.P., B.P., B.P.C.

Liquid extract of Liver I.P.

Corianic Conadotropin I.P., B.P.

Inj. of Dihydrostreptomycin I.P., B.P.

Inj. of Serum Gonadotropin I.P., B.P.

Inj. of Corionic Gonadotropin I.P., B.P.

Inj. of Haparin I.P.

Liver injection.

Injection of Insulin B.P., I.P., B.P.C.

Inj. of Protamin Zinc Insulin, I.P., B.P., B.P.C.

Inj. of Streptomycin Sulphate I.P., B.P.

Inj. of Vasopressin B.P., B.P.C., I.P.

Inj. of Pituitary (Posterior lobe) I.P., B.P.C.

Neoarsphenamine I.P., B.P.C.

Human fibrin foam B.P., B.P.C.

Human fibrinogen B.P., B.P.C.

Human gamma globulin B.P., B.P.C.

Inj. of Human gamma globulin, B.P., B.P.C.

Dried human Plasma of Serum B.P., B.P.C.

Liquid human serum, B.P., B.P.C.

Human Thrombin B.P., B.P.C.

Dextran Injection, B.P., B.P.C.

Citrated Normal Human Plasma I.P.

Normal Human Serum I.P.

Tetanus Toxoid I.P., B.P.

Old Tuberculin I.P.

Yellow Fever Vaccine B.C.G. Vaccine.

Formolysed Antiplague Vaccine.

Carbolysed Anti Rabic Vaccine.

Typhus Vaccine.

Typhoid Paratyphoid A. B. & C. Vaccine.

Vaccine lymph I.P.

OR

Small Pox — Vaccine B.P., B.P.C. (between 0·C° and 20·C°).

Dextran Sulphate Injection I.P.

Insulin Zinc Suspension B.P., B.P.C.

Insulin Suspension (amorphus) B.P., B.P.C.

Insulin Zinc Suspension (Crystalline) B.P., B.P.C.

Oxytetracycline, B.P.

Inj. Oxytetracycline, Procaine B.P.

Inj. of Penicillin I.P.

Whole Human Blood I.P., B.P.

Inj. of Oxytetracycline B.P.

Liquified Phenol B.P. (40).

Scarlet Fever Prophylactic, B.P.

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Association News

All India Federation of Chemists and Druggists

The 17th Annual Session of the All India Federation of Chemists and Druggists was held at Bombay on July 2, 1961. In the course of his Presidential Address, Shri. J. K, Das, the out-going President of the Federation gave a vivid picture of the important problems facing the Drug Trade.

Sri Vittaldas G. Gandhi of Bombay was elected as the President of the Federation for the next term Shri. R. Ganesan, President of the Madras Chemists and Druggists Association, was elected as one of the Vice Presidents of the Federation, while Sarva Shree: G. K. Sanker, V. Kalidas, P. S. Bashyam and G. Sriramulu were elected to the Executive Committee of the Federation as representatives of the Madras Chemists and Druggists' Association.

Important subjects engaging the attention of the All India Federation of Chemists and Druggists

Maintenance of Registers under Rule 65(4) of the Drugs Rules 1945:

The *Ad-hoc* Committee, appointed by the Government of India to examine the records maintained under rule 65(4) of the Drugs Rules and to suggest ways and means for simplification of the work, met in Bombay during May 1961 and came to more or less an unanimous decision that the registers maintained now could be substituted by Cash/Credit memos. However, the suggestion of the Committee about the form in which the said cash/credit memos should be made out does not appear to be in any way advantageous to the trade. Nor, the suggested remedy can be considered easier than the maintenance of the Registers.

The resolution of the Committee on the subject reads as under:

" I. If cash/credit memos can be so designed as to give all particulars which are now given in the register, then such cash/credit memos could substitute a register in Rule 65(4) of the Drugs Rules. It was therefore recommended that an option may be given to the retail chemist to maintain either a register as at present required or to maintain cash/credit memos in original, written on a double side carbon paper. The retail seller must, however, intimate to the licensing Authority whether he would be maintaining his records in the form of memos or in the form of a register. A change in the method of recording may not be permitted by the licensing Authority otherwise than at the time of renewal of licences."

In a circular issued to all Member-Associations inviting their views, the Federation points out that while "the *Ad-hoc* Committee was appointed to go into the question of giving relief to dealers in respect of maintaining records after a series of representations made by the Federation and others during five successive Drugs Conferences, it is feared that the alternative remedy recommended might prove quite to the contrary."

Madras Chemists and Druggists Association.—The Executive Committee of the Chemists and Druggists Association, Madras, which considered the circular of the Federation at its meeting held on 21st September, 1961, resolved to inform the Federation as under:

(*a*) While generally agreeing with the views expressed by the Federation in its letter dated 6–9–'61, this Association is of the opinion that the proposed form of Cash/Credit memos is calculated not only

to increase the clerical work rather than decreasing it, but it is also very doubtful, whether it will be workable in as much as duplicate copies of the Bills will not generally be accepted by any purchaser.

(*b*) Again, the conclusions of the *Ad-hoc* Committee do not appear to have reached any finality and it would therefore be desirable if the Federation requests the Government to arrange for another meeting of the *Ad-hoc* Committee at an early date so that the whole matter may be reconsidered in the light of the difficulties explained in the letter of the Federation and a satisfactory solution evolved to eliminate the Register completely and not to keep it as an optional matter for the dealer to choose.

(*c*) The Association also feels that the novel procedure of writing out bills with double sided carbon and issuing of duplicate bills to purchasers suggested for doing away with the Registers is even more difficult and complicated than the maintenance of Registers.

Direct Supplies of Drugs and Medicines by Manufacturers and their distributors to Doctors and Hospitals Etc.

This question had been engaging the attention of the Madras Chemists and Druggists Association, since 1959-60 and preliminary steps for convening a Conference of the Manufacturers, Distributors and dealers have been taken by the Association already.

Now, this subject has become a matter of serious consideration by other Chemists and Druggists' Associations too especially the Delhi State Chemists Association and also the All India Federation of Chemists and Druggists.

The Federation has recently issued a circular to all Associations regarding this matter, with a view to ascertain their views and take suitable steps.

The Madras Chemists and Druggists' Association has sent a reply to the Federation giving details of the preliminary steps already taken by the Association and requesting the Federation to arrange to convene early a conference of Manufacturers and Distributors and dealers etc. on All-India level to solve the problem satisfactorily to all concerned.

Madras Chemists and Druggists' Aasociation

The 32nd Annual General Meeting of the Madras Chemists and Druggists' Association will be held at the Association premises 1, Memorial Hall Street, Madras-3, at 3 p.m. on Saturday the 21st October 1961

Registration of persons under Section 32 (A) (1) (d) (ii) of the Pharmacy (Amendment) Act 1959.

The above section came into force on 1st May 1960 and it will be in force for two years, *i.e. till 30th April 1962.*

The Madras Pharmacy Council invited applications for registration as Pharmacists under the above provision. It is understood that a little less than five hundred applications were received. Of these, about four hundred and odd applicants were interviewed by the Executive Committee of the Pharmacy Council both at Madurai and Madras Centres during August 1961.

The Pharmacy Council met on 4th October, 1961, and it is understood that the Council approved the selection of only about 121 candidates out of a total of 400 and odd candidates interviewed by the Executive Committee of the Council, for registration as Pharmacists.

To a request made by the Madras Chemists and Druggists' Association to provide the Association with a copy of the decisions made by the Council in this regard and a list of candidates selected for registration as Pharmacists, the Registrar, Pharmacy Council, has expressed his regret for not being able to comply with the requests of the Association as the Pharmacy Council Rules lay down that the minutes of the meeting should be approved by the President within 15 days of the meeting, copies of minutes should be sent to council members within 30 days from the date of the meeting and if no objection is received from any member within the next 30 days from the date of sending such minutes to the members, such decisions of the Council may be put into effect *if expedient.*

The Indian Pharmaceutical Congress Association

The Fourteenth session of the Indian Pharmaceutical Congress Association will be held at Cuttack, Orissa, during December 29-31, 1961, under the Presidentship of Dr. B. Mukherji, Director, Central Drug Research Institute. Single fare double journey railway concession will be available to the attending delegates. Papers on different aspects of Pharmacy, Pharm. Chem. etc. will be accepted for discussion during the session. Those desirous to attend my contact The General Secretary, Indian Pharmaceutical Congress Association, 14, Ganesh Chandra Avenue, CALCUTTA-14, for further particulars.

The Delhi State Chemists' Association

The 9th Annual General Meeting of the Delhi State Chemists Association was held in Delhi on 23rd June 1961.

Sarva Shree : K. N. Luthra, Chaman Lal R. N. Sen and P. S. Nagarajan were unanimously elected at the meeting as the President, Hony. Secretary and Hony. Treasurer respectively of the Association for the ensuing year.

Bengal Chemists and Druggists' Association

The 39th Annual General Meeting of the Bengal Chemists and Druggists' Association was held in Calcutta on 27th June 1961.

Shri. B. N. Dey of M/s. Dey's Medical Stores (P) Ltd. Calcutta was re-elected for the fifth time in succession as the President of the Association. Similarly, Shri. T. K. Ghosh was re-elected for the fourth time in succession as the Hony. Secretary of the Association.

Sarva Shree : H. Bhattacharyya, P. K. Chattopadhyay, S. K. Mukerjee and L. J. Shah were elected as Vice-Presidents.

The Andhra Pradesh Chemists and Druggists' Association

The 15th Annual Meeting of the Andhra Pradesh Chemists and Druggists' Association was held on 2nd July 1961.

Shri D. R. Desai and Dr. Ramesh Gandhi have been the President and Honorary Secretary respectively of this Association continuously from 1959 to 1961.

The Mysore State Chemists and Druggists' Association had its 15th Annual General Meeting on 21-5-1961.

The Madura Chemists and Druggists' Association had its 17th Annual Meeting on 26-3-1961.

The Tiruchirapalli and **The Tanjore District Chemists and Druggists' Associations** are two very important District Associations in the Madras State functioning actively since 1959. The Tiruchirapalli Association had its 2nd Annual General Meeting on 13th August 1961, while the Tanjore District Chemists and Druggists' Association celebrated its first annual function on 27-11-1960.

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Legislation

Rate of percentage of turnover to be added to purchase turnover of dealers in respect of certain commodities for assessment year ending 31st March 1961

(G. O. Ms. No. 3980, Revenue, 18th Sept. 1961)

II-1, No. 4367 of .961

In G. O. Ms. No. 3409, Revenue, dated 17th November 1959, the Government in consultation with the Board of Revenue (Commercial Taxes), directed that the percentages of turnover to be added as contemplated in Rule 15(5) of the Madras General Sales Tax Rules, 1959, to the purchase turnover of dealers in respect of the commodities specified in column (2) of the Annexure to that order should be as specified in column (3) thereof for the period upto 31st March 1960. The Government have in consultation with the Board of Revenue (Commercial Taxes), re-examined the rates referred to above and observe that some require to be altered. They direct that for the period from 1st April 1960 to 31st March 1961 the percentages of turnover to be added as contemplated in Rule 15(5) of the Madras General Sales Tax Rules 1959, to the purchase turnover of dealers in respect of the commodities specified in column (2) of the Annexure to this order, shall be as specified in column (3) thereof.

Annexure

Item number and name of commodity (1)	percentage (2)
6. Acids ...	15
17. Chemicals and its products ...	12½
21. Dyes and Chemicals ...	15
22. **Drugs and Medicines** ..	25
36. Milk and its products ...	15
44. Packing materials ...	10
50. Rubber goods ...	20
51. Sanitary goods ...	15
54. Surgical goods ...	15
56. Stainless steel products ..	20

G. K. MAHADEVAN,
Deputy Secretary to Government.

Fort. St. George Gazette: October 4, 1961.

Bill introduced in the Legislative Assembly of the State of Madras

Under rule 93 of the Madras Legislative Assembly Rules, the following Bill, which was introduced in the Legislative Assembly of the State on the 18th September, 1961, is published together with the Statement of Objects and Reasons, for general information :—

L. A. Bill No. 38 of 1961

A Bill to amend the Madras Buildings (Lease and Rent Control) Act 1960.

Whereas it is expedient to amend the Madras Buildings (Lease and Rent Control) Act, 1960 (Madras Act XVIII of 1960), for the purposes hereinafter appearing ;

Be it enacted in the Twelfth Year of the Republic of India as follows :—

1. *Short title and commencement.*—(1) This Act may be called the Madras Buildings (Lease and Rent Control) Amendment Act, 1961.

(2) it shall come into force at once.

2. *Amendment of Section 30, Madras Act XVIII of 1960.*—(a) In Item (i) after the words and punctuation mark "exceeds two hundred and fifty rupees per mensem", occurring at the end, *add* the words and punctuation mark, "and which has not been let out to more than one tenant".

(b) in item (ii) after the words "exceeds four hundred rupees per mensem" occurring at the end, *add* the words "and which has not been let out to more than one tenant".

Statement of Objects and Reasons

According to section 30, items (ii) and (iii), the Act is not to apply to any residential building the rental value of which, on the date of commencement of the Act, as entered in the property tax assessment book of the Municipal Council, District Board, Panchayat or Panchayat Union Council or the Corporation of Madras as the case may be, exceeds two hundred and fifty rupees and to non-residential building if such property-tax assessment exceeds rupees four hundred per mensem.

Advantage has been taken of these provisions and in the case of both residential and non-residential buildings which come within the above provisions and which have been let out to more than one tenant, notices have been issued to the tenants, occupying such buildings to vacate the premises as the Act did not apply to these buildings. The object of this amending Bill is to remove the hardship caused to such tenants.

—*Sept. 20, 1961 Fort St. George Gazette.*

Inspectors appointed under Drugs Act

(*G. O. Ms. No. 2237, Health, 19th Sept. 1961*)

II-2 No. 672 of 1961

In pursuance of section 21 of the Drugs Act, 1940 (Central Act XXIII of 1940), and in modification of the late Health, Education and Local Administration Department Notification No. S. R. O. A-2186 of 1957, dated the 26th March 1957, published at page 675 of Part I of the Fort St. George Gazette, dated the 17th April 1957, the Governor of Madras hereby appoints Sri. V. Gopal and Sri G. P. Madhava Rao to be Inspectors for the purposes of Chapter IV of the said Act in Madras City and specifies the Drugs Controller, Madras, as the authority to whom the said Inspectors shall be officially subordinate.

S. SUBRAHMANYAN,
Deputy Secretary to Government

—*Fort St. George Gazette : 27th Sept. 1961.*

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